ICT O 1 2000 15

Please type a plus	s sign (+) inside this box	→[+]		PTO/SB/21 (08-00)
Approved for use through 10/31/2002, OMB 0651-0031 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Papervork Reduction Act of 1995, no persons are required to respond to a collection of information unless it layes a valid OMB control number.				
			Application Number	09/918,293
TRANSMITTAL			Filing Date	July 30, 2001
FORM			First Named Inventor	Elisabeth Smela
(to be used for all correspondence after initial filing)		er initial filing)	Group Art Unit	2834
		Examiner Name	T.M. Dougherty	
Total Number of Pages in This Submis		ission 7	Attorney Docket Number	s-80,400
ENCLOSURES (check all that apply)				
Fee Transmittal Form Fee Attached X Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts Incomplete Application Response to Missing Parts Under 37 CFR 1.52 or 1.53		(for an A Drawing Drawing Licensir Petition Petition Provisio Provisio Provisio Change Address Termina Reques	ig-related Papers to Convert to a nal Application of Attomey, Revocation of Correspondence	After Allowance Communication to Group to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Moces, Bids. Reely Ben) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual name	Samuel M. reffrd, Registration No. 30, 459			
Signature	Samuel Ineuma			
Date September 26, 2002				
CERTIFICATE OF MAILING				
I hereby certify that this correspondence is help deposited with the United States flostal Service with sufficient postage as first class mail in an envelope addressed to: Corprings/finer for Priphing Washington, DC 20201 on this date:				
Typed or printed name Sanuel M/Freund Signature Date September 26, 2002				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, Washington, DC 2023.1, DN OT SEND FEES OR COMPLETEE OF CRINST OT 1Hs ADDRESS. SEND TO; Assistant Commissioner for Patients, Washington, DC 2023.1.